



Vermont Agency of Transportation

TITLE VI PROGRAM COMPLAINT FORM

Type of Complaint:

FHWA - Only

____ External (from citizen/rider/contractor)

____ Race

____ Gender

____ Internal (from staff/employee)

____ Color

____ Age

____ National Origin

____ Disability

____ Low-Income

____ LEP

Name of person filing complaint: _____ **Phone:** _____

Address: _____

Date of Report: _____ **Date of Incident:** _____ **Time of Incident:** _____

Location of Incident: _____

Circumstances of Incident and Names/Titles of Other Involved Parties: _____

Alleged Harm: _____

Title VI Related? Yes _____ Maybe _____ No _____ (if in doubt, check "maybe")

Name and contact information of witnesses or other relevant parties: _____

Name of Person Taking Report Information: _____

Title VI Coordinators Section

Discussion with reporting person - Date: _____ Time: _____

Details of discussion: _____

Discussion(s) with involved VTrans employees:

Name: _____ Date: _____ Time: _____

Details of discussion: _____

Name: _____ Date: _____ Time: _____

Details of discussion: _____

Other action/follow up required (i.e. information gathering, investigation, interviews): _____

Signature of Title VI Coordinator: _____